

**APPLICATION TO ASCERTAIN WISCONSIN NET  
INCOME TAX REPORTED AS PAID OR PAYABLE**

(Enclose fee of \$4.00 for each income year for which you desire information)

SEND TO:  
Wisconsin Department of Revenue  
Central Files Section  
P.O. Box 8903  
Madison, WI 53708-8903  
Telephone (608) 266-2890  
Fax # (608) 261-4907

Date \_\_\_\_\_

I, \_\_\_\_\_ whose address is \_\_\_\_\_  
(Print or type) (Street or R.R. No.)

(Post office)

(State)

(Zip code)

hereby make application to ascertain the Wisconsin income tax reported as paid or payable for the year \_\_\_\_\_

\_\_\_\_\_ of the following named taxpayer:

Name of taxpayer \_\_\_\_\_  
(Print or type)

Address of taxpayer \_\_\_\_\_  
(Include street, city & state)

Business or occupation \_\_\_\_\_

If this information is obtained for any person other than the applicant or for any firm or corporation, state name and address of that person, firm or corporation. (If none, write "None.")

Reason for requesting this information \_\_\_\_\_

In making this application I hereby affirm and declare that I understand the provisions of Section 71.78(2) of the statutes relating to the divulgement, publication, or dissemination of information obtained from the above stated Wisconsin income tax return; that I am a resident of the state of \_\_\_\_\_, and that the information obtained is not for the use or benefit of a nonresident person or firm, or a foreign corporation.

\_\_\_\_\_  
(Signature of applicant)

**Notary Public** - Complete this section for mailed applications.

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS

On this the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, before me, \_\_\_\_\_

\_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_

\_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledge that he/she executed the same for the purpose therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(SEAL) \_\_\_\_\_  
Notary Public \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

**LEAVE BLANK**

Nature of identification:

Driver's license number, other identifying documents, or personally known by \_\_\_\_\_

Address of taxpayer shown on latest return \_\_\_\_\_

Fee paid \_\_\_\_\_ Date of notice to taxpayer \_\_\_\_\_ Years provided \_\_\_\_\_

By: \_\_\_\_\_

(Person in charge)